

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department City of Baltimore.

Permit No. A 83 / Office of Registrar of Vital Statistics. Ward 4<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. B

Date of Death, July 1<sup>st</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Francis Joseph Heard

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 Years, 2 Months, 1 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Life

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore,

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 310 South Euter

Cause of Death, { First (Primary), Second (Immediate), } Cholera infantum  
Convulsions

Duration of Last Sickness, 3 or 4 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, July 2<sup>nd</sup>

Undertaker, W. L. Duffell Leo B. D. Regan M. D.

Medical Attendant.

Place of Business, 157 S Bond Address, 711 N Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 832 Office of Registrar of Vital Statistics.

Ward 8<sup>th</sup>

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

July 1<sup>st</sup> 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Patrick Burke

Sex, Male ~~or Female~~,

{ Cross out the word not required in this line. }

Age,

Years,

Months,

14

Days.

Color,

white

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Barber

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Irish

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give Street and Number. }

1 Constitution St

Cause of Death,

{ First (Primary),

Second (Immediate),

Convulsions

Duration of Last Sickness,

Five days

All the above information should be furnished by the Physician.

Place of Burial,

Holy Cross Cemetery

Date of Burial,

July 2

{ Undertaker,

Mr Doyle

{ Place of Business,

618 School St

Address,

74 N Calvert

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A. 833 Office of Registrar of Vital Statistics. Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 1st 1889

Full Name of Deceased, Henry Stein { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male { Cross out the word not required in this line. }

Age, 9 Years, 18 Months, 18 Days.

Color, White

Married, Single, Widow or Widower, Single { Cross out the words not required in this line. }

Occupation, None

Birth Place, Baltimore { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life Time

Place of Death, # 65 S. Fremont St { Give Street and Number. }

Cause of Death, Meningitis { First (Primary), }  
Prostration { Second (Immediate), }

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 3rd 1889

{ Undertaker, J. Tiekmeijer Medical Attendant.

{ Place of Business, 221 S. Eutaw St. Address, # 65 S. Fremont St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No.

834

Office of Registrar of Vital Statistics.

Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

July 2nd 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Charles Anderson

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

0 Years,

2 Months,

17 Days

Color,

white

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Balto. City

Duration of Residence in the City of Baltimore,

since birth

Place of Death,

{ Give Street and Number. }

2000 Mary Anna St.

Cause of Death,

{ First (Primary), }

Infantile Diarrhoea

{ Second (Immediate), }

Aschemia

Duration of Last Sickness,

5 days

All the above information should be furnished by the Physician.

Place of Burial,

Western Cemetery

Date of Burial,

July 3rd 1887

Undertaker,

Nicholas Park

G. H. Boucsein M. D.

Medical Attendant.

Place of Business,

1814 W. Pratt St.

Address, 1904 Wilkens Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

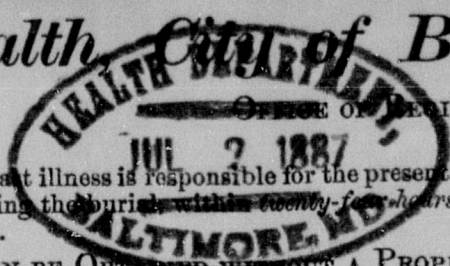
SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Board of Health, City of Baltimore, 19

Permit No. A 835



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 1<sup>st</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jacob A Bailey

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 5 Years, 14 Months, 14 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Beth City, Edmondson Avenue

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number } 1303 Edmondson Avenue

Cause of Death { First, (Primary.) Cholera Infantum  
Second, (Immediate.) Exhaustion

Duration of last Sickness, About 5 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, July 2/87

Undertaker, O'Henry & Mitchell

Place of Business, 1217 W. Fayette

Address, 1637 Edmondson Ave

P. S. Field M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.



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Health Department, City of Baltimore.

Permit No. A. 836 Office of Registrar of Vital Statistics. Ward 10<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 1<sup>st</sup> 1887

Full Name of Deceased, Charles Stuebing  
Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 Years,        Months,        Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ✓

Occupation,       

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 727 Saratoga St.

Cause of Death, { First (Primary), Second (Immediate), } Pneumonia  
Asphyxia

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Schwartz Cemetery  
Truss. Road.

Date of Burial, July 3<sup>rd</sup> 87

Mr. Gombel M. D.  
Medical Attendant.

Undertaker, John H. Hays

Place of Business, Saratoga St. Address, 610 N. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No.

837

Office of Registrar of Vital Statistics.

Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

July 1<sup>st</sup> 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Thomas Smallwood

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

68

Years,

Months,

Days

Color,

Black

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Coal Heaver

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

St. Mary's Co.

Duration of Residence in the City of Baltimore,

4 yrs

Place of Death,

{ Give Street and Number. }

713 Paterson Lane

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Phthisis

Duration of Last Sickness,

About one year

All the above information should be furnished by the Physician.

Place of Burial,

St. Peter's Cemetery

Date of Burial,

July 2<sup>nd</sup> 1887

Undertaker,

Reuben W. Chase

Place of Business,

67 S. Howard St.

Address,

W. H. Chappell M. D.  
N. E. G. Freeman  
Freestman Street

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

## Health Department, City of Baltimore.

Permit No. A 838

Office of Registrar of Vital Statistics.

Ward 5<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

### CERTIFICATE OF DEATH.

Date of Death, July 1 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George A. Matchal

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 4 Years, 10 Months, 10 Days

Color, Caucasian

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } ✓

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City Md

Duration of Residence in the City of Baltimore, Lif time

Place of Death, { Give Street and Number. } No 4, 18 Chart St Baltimore Md

Cause of Death, { First (Primary), Second (Immediate), } Croup  
Gnathic Tracheitis

Duration of Last Sickness, 6. Days

All the above information should be furnished by the Physician.

Place of Burial, Asbury Ev. Cemetery

Date of Burial, July 2<sup>nd</sup> 1887

{ Undertaker, John E. Grace } J. W. Creek M. D.

{ Place of Business, 313 S. Caroline St } Address, No 36 Louis St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. **A 839** Office of Registrar of Vital Statistics. Ward **10<sup>th</sup>**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CASES OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, **July 1<sup>st</sup> 1887**

Full Name of Deceased, **Lawrence Wilson** {Write legibly and spell correctly. If an Infant not named, give names of parents.}

Sex, **Male** or ~~Female~~, {Cross out the word not required in this line.}

Age, **10** Years, **15** Months, **15** Days

Color, **Black**

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, **Barber City Md**

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, **all his life**

Place of Death, {Give Street and Number.} **442. Maesche St.**

Cause of Death, {First (Primary), Second (Immediate),} **Cholera infantum. Exhaustion.**

Duration of Last Sickness, **7 days.**

All the above information should be furnished by the Physician.

Place of Burial, **Shore Cemetery**

Date of Burial, **July 2, 1887**

{ Undertaker, **Alex Henry** } **John L. Brown** M. D. Medical Attendant

{ Place of Business, **541 Orchard St** } Address **662 Washington St**

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

## Health Department, City of Baltimore.

Permit No. 840 Office of Registrar of Vital Statistics.

Ward 18<sup>c</sup>

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, July 1, 1887  
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maria Falkenstein  
Sex, Female or Male, { Cross out the word not required in this line. }  
Age, 57 Years, 2 Months, 10 Days  
Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }  
Occupation, Housewife

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Buedingen, Germany

Duration of Residence in the City of Baltimore, 25 Yrs

Place of Death, { Give Street and Number. } 50 Ridgely St

Cause of Death, { First (Primary), Chronic Bronchitis  
Second (Immediate), Phtisis Pulmonalis }

Duration of Last Sickness, 2 Yrs

All the above information should be furnished to the Physician.

Place of Burial, Loudon Park

Date of Burial, July 3, 1887

{ Undertaker, W. J. Dill & Son } W. J. Dill M. D.  
Medical Attendant.

{ Place of Business, 746 Columbia Ave } Address, 1336 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]